

INDIANA DEPARTMENT OF CHILD SERVICES
PROPOSAL FOR THE USE OF FEDERAL OR STATE FUNDS

REQUEST FOR PROPOSAL APPLICATION

Attachment A

SECTION I. Applicant / Agency Information

A. Legal Applicant / Agency Name:

- Doing Business As -dba (If Applicable):

- Registered with Secretary of State Check one: Yes No

B. Federal EIN# or SSN#:

C. Mailing Address (Street)

City/State/Zip:

Telephone Number:

Fax Number:

D. Physical Address (If Different from Above)

City/State/Zip:

Telephone Number:

Fax Number:

E. Applicant Legal Status

Check one: Not for Profit Sole Proprietorship For Profit Partnership

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Other (Please Describe):

F. Principal Contact for Contract Negotiation:

• Address:

• Phone Number:

• Email:

G. Contact for Contract Notice Section:

• Address:

• Phone Number:

• Email:

H. Contact for Contract Signature:

• Address:

• Phone Number:

• Email:

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SECTION II. Confidential Information

All materials contained in proposals are subject to the Access to Public Records Act (APRA), IC 5-14-3 et seq. (see section 1.15 of the NYTD RFP).

Provide the following attachments if applicable:

- List all documents where claiming a statutory exemption to the APRA.
- Specify which statutory exception of APRA that applies for each document.
- Provide a description explaining the way the statutory exception to the APRA applies for each document.

SECTION III. Other Information

Use the space below to provide additional information.

I certify that I have read and understand the National Youth in Transition Database Request for Proposal (RFP); and agree to comply with the information in the instructions and other documents attached to the RFP. I understand this proposal will be rejected if it is incomplete, not received by Department of Child Services on **October 29th, 2021, 4:30pm EST**, and / or is unsigned. I certify that the information contained in this proposal is true and accurately reflects the intent of this agency in delivery of service. I am the agency designee authorized to sign proposals on the behalf of this agency.

Authorized Signature:

Printed Name:

Date Submitted: